SCHEDIII F A (FEC Form 3X)

SCHEDULL A (I LC I OHII 3A)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 OF 146	
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee					
Full Name (Last, First, Middle Initial) Linda Shore-Lesserson M.D.				Date of Receipt	
	Mailing Address 550 Faletti Way			02 18 2013	
	City River Vale	State NJ	Zip Code 07675	Transaction ID : C1924815 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C 250.00 Occupation Anesthesiologist			
	' '				
	Pagaint For:		year-to-Date ▼	-	
	Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) B. David G. Shores D.O.				Date of Receipt	
	Mailing Address 202 Muirfield Ct			02 20 2013	
	City Dublin	State GA	Zip Code 31021-4344	Transaction ID : C1975980 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	MIDDLE CA ANICCTU	Occupation PHYSICIAN		_	
	Receipt For:		Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
c.	Full Name (Last, First, Middle Initial) Chetan R. Shukla M.D. Mailing Address 7312 Palais Cir.			Date of Receipt	
				02 12 2013	
	City Indianapolis	State IN	Zip Code 46278-1598	Transaction ID : C1923149 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Occupation				
	Pagaint For:	Physician Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	7.991.09410	250.00		

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00